



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>D. H. Metals</b>				Location <b>1002 Oswego ST</b>				Date <b>3/5/87</b>							
Facility Equipment <b>1</b>	Detax Clock <b>1</b>	Weapon No. <b>—</b>	Holster <b>—</b>	Nightstick <b>—</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>3 keys, log Book + phone</b>										
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) <b>Del Vecchio</b>			Officer—Swing Shift (Name) <b>DeAiring</b>			Officer—Grave Shift (Name) <b>Duck Horkoski</b>					
Shift Began <b>8 AM</b> PM Ended <b>4 AM</b> PM						Shift Began <b>4 AM</b> PM Ended <b>12 AM</b> PM						Shift Began <b>12 AM</b> PM Ended <b>8 AM</b> PM					
Observations or actions taken						Observations or actions taken						Observations or actions taken					
Rounds or stations missed						Rounds or stations missed						Rounds or stations missed					
Unlocked doors, gates or windows						Unlocked doors, gates or windows						Unlocked doors, gates or windows					
Unlocked vaults or safes						Unlocked vaults or safes						Unlocked vaults or safes					
Fire-smoke or hazards						Fire-smoke or hazards						Fire-smoke or hazards					
1. Extinguishers missing or defective						1. Extinguishers missing or defective						1. Extinguishers missing or defective					
2. Sprinkler system defective						2. Sprinkler system defective						2. Sprinkler system defective					
3. Fire doors or exits blocked						3. Fire doors or exits blocked						3. Fire doors or exits blocked					
4. Rubbish accumulation						4. Rubbish accumulation						4. Rubbish accumulation					
5. Motors running						5. Motors running						5. Motors running					
6. Lights left burning						6. Lights left burning						6. Lights left burning					
Injury hazards						Injury hazards						Injury hazards					
Visitors						Visitors						Visitors					
Trespassing						Trespassing						Trespassing					
Violation of company rules						Violation of company rules						Violation of company rules					
Remarks																	
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>																	
1. Were you injured during this tour?						2. Did you suffer any illness?						3. Have you reported all accidents coming to your attention?					
Yes <input checked="" type="radio"/> No <input type="radio"/>						Yes <input type="radio"/> No <input checked="" type="radio"/>						Yes <input checked="" type="radio"/> No <input type="radio"/>					
Yes <input type="radio"/> No <input checked="" type="radio"/>						Yes <input type="radio"/> No <input checked="" type="radio"/>						Yes <input type="radio"/> No <input checked="" type="radio"/>					
Yes <input checked="" type="radio"/> No <input type="radio"/>						Yes <input type="radio"/> No <input checked="" type="radio"/>						Yes <input type="radio"/> No <input checked="" type="radio"/>					
Signatures 1 <b>Del Vecchio</b>						Signatures 1 <b>DeAiring</b>						Signatures 1 <b>Duck Horkoski</b>					
Signatures 2						Signatures 2						Signatures 2					
Signatures 3						Signatures 3						Signatures 3					

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